

**APPLICATION FOR REGISTRATION  
OF TIME SHARE  
EXCHANGE AGENT**

FOR OFFICE USE

Received \_\_\_\_\_  
Accepted \_\_\_\_\_  
Reg. No. \_\_\_\_\_

1. Name of applicant \_\_\_\_\_

2. Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Applicant is:      ☐ individual                      ☐ corporation                      ☐ limited liability company (LLC)  
                                 ☐ partnership                      ☐ joint venture                      ☐ limited liability partnership (LLP)

Name of officers/partners/members/managers

Title

Address


Registered with the State Business Registration Division as a :

☐ corporation      ☐ partnership      ☐ joint venture      ☐ LLC      ☐ LLP

Date of registration \_\_\_\_\_

4. Responsible managing employee(s)

<i>Name</i>	<i>Address</i>	<i>Phone</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>

NOTE: Describe duties, functions, etc., of RME(s) on a separate sheet.

5. Applicant's attorney \_\_\_\_\_  
Name

\_\_\_\_\_ Mailing Address (include suite no. & zip code) Phone

6. Time share property or plan

- a. Name \_\_\_\_\_
- b. Location \_\_\_\_\_
- c. Developer \_\_\_\_\_  
Name \_\_\_\_\_  
Mailing Address (include suite no. & zip code) \_\_\_\_\_ Phone \_\_\_\_\_
- d. Reg. No. \_\_\_\_\_

7. Person to receive service of process

\_\_\_\_\_  
Name \_\_\_\_\_  
Mailing Address (include suite no. & zip code) \_\_\_\_\_ Phone \_\_\_\_\_

8. The following questions apply to the applicant and/or its partners, officers, directors, members, managers, real estate broker (if applicable), and RME(s):

- a. In the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged, in this State or in any other state? ..... ☐ YES ☐ NO  
If "yes," provide information on the date, place and type of conviction on a separate sheet.
- b. Was any license, in this State or any other state, suspended or revoked at any time? ..... ☐ YES ☐ NO  
If "yes," in what state(s) \_\_\_\_\_ and briefly describe on a separate sheet.
- c. Is there any administrative action pending against you in this State or any other state? ..... ☐ YES ☐ NO  
If "yes," in what state(s) \_\_\_\_\_ and briefly describe on a separate sheet.
- d. Was any application for license denied in this State or any other state? ..... ☐ YES ☐ NO  
If "yes," in what state(s) \_\_\_\_\_ and briefly describe on a separate sheet.
- e. Have any complaints or charges ever been filed against you, regardless of outcome, in this State or any other state? ..... ☐ YES ☐ NO  
If "yes," in what state(s) \_\_\_\_\_ and briefly describe on a separate sheet.

I hereby certify that the statements and answers on this application and accompanying documents are true and correct. I understand that any misrepresentation shall constitute grounds for refusal or subsequent revocation of license. (Section 710-1017, Hawaii Revised Statutes)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name and Title

# APPLICATION FOR REGISTRATION OF TIME SHARE EXCHANGE AGENT

## INSTRUCTIONS & INFORMATION

1. An applicant shall not submit this form to the Department unless the time share plan with which the applicant is affiliated has been accepted for registration by the Director.
2. The Director will not receive this application unless the applicant has completed every statement in the application and the application is accompanied by the material required to be distributed to each time share purchaser participating in the exchange program under Section 514E-9.5(a), Hawaii Revised Statutes, Time Sharing Plans.
3. The Director will act upon this application within 60 days after receipt of a complete application.
4. If the applicant is a corporation, partnership, joint venture, limited liability company (LLC), or limited liability partnership (LLP), the applicant must designate a responsible managing employee (RME).
5. Please attach payment of registration fees in the amount specified in Section 16-53-40.3, Hawaii Administrative Rules, *Fees Relating to Boards and Commissions*, as follows:

Exchange Agent:      \$125 application (*nonrefundable*)  
                                 \$125 registration  
                                 \$35 Compliance Resolution Fund

The above-prescribed fees shall be paid in the form of a check payable to "*Department of Commerce and Consumer Affairs.*"

6. Mail or deliver all required items to:

Time Share Program  
Department of Commerce and Consumer Affairs  
1010 Richards Street, P. O. Box 3469  
Honolulu, Hawaii 96801